Student Development Grant Application

Check Program:

_____ Student Development Grant

_____ Amount Requested (max $1,000)

Student Name: ________________________________ UIN: _______________________

Department: ________________________________ Major: _______________________

1. Have you completed (for year 1 cohort) or updated (for year 2 cohort) your Individual Development Plan and submitted it to Dr. Odom? Yes _______ No _______

2. Briefly describe and justify the student development activity and date(s) you plan to attend:

3. If it is to attend a scientific conference, complete below with date(s):

Society or Conference Name __________________________________________

Title of Paper/Abstract if one is to be presented __________________________
Oral presentation

Poster with oral component (judged; set time to be present, etc.)

Faculty Co-Author(s): ________________________________

Date: ____________ Location: ______________________________

Submitted / Approved By:

_________________________________________ Date: __________
Student E-Mail

_________________________________________ Date: __________
Recommended approval by faculty advisor E-Mail

Recommended approval by college dean Date

Please submit form to aglsgradinfo@tamu.edu and jnorgaard@tamu.edu